

**Waste Management Division  
PO Box 95, 29 Hazen Drive  
Concord, NH 03302**

**Type of Submittal (Check One-Most Applicable)**

<input type="checkbox"/> Work Scope <input type="checkbox"/> Reimbursement Request	<input type="checkbox"/> Remedial Action <ul style="list-style-type: none"> <li>Remedial Action Plan</li> <li>Bid Plans and Specifications</li> <li>Remedial Action Implementation Report</li> </ul>
<input type="checkbox"/> UST Facility Report <input type="checkbox"/> AST Facility Report	<input type="checkbox"/> Treatment System and POE O&M <input type="checkbox"/> Activity and Use Restriction
<input type="checkbox"/> Emergency/Initial Response Action <input type="checkbox"/> Groundwater Quality Assessment	<input type="checkbox"/> Temporary Surface Water Discharge Permit
<input type="checkbox"/> Initial Site Characterization <input type="checkbox"/> Site Investigation <ul style="list-style-type: none"> <li>Site Investigation Report</li> <li>Supplemental Site Investigation Report</li> <li>GMZ Delineation</li> <li>Source Area Investigation</li> <li>Data Submittal</li> <li>Annual Summary Report</li> </ul> <input type="checkbox"/> Unsolicited Environmental Sampling Notification <input type="checkbox"/> Closure Documentation	<input type="checkbox"/> Groundwater Management Permit <ul style="list-style-type: none"> <li>Permit Application</li> <li>Renewal Application</li> <li>Deed Recordation Documentation</li> <li>Abutter Notification Documentation</li> <li>Release of Recordation</li> </ul> <input type="checkbox"/> Data Submittal <input type="checkbox"/> Annual Summary Report

**REPORT TITLE**  
**Site Name**  
**Street Address**  
**City/Town, NH Zip Code**  
**NHDES Site #199660666**  
**Project Type**  
**Project Number**

Prepared For:  
 Responsible Party Name  
 Mailing Address  
 City/Town, State Zip Code  
 Phone Number (XXX) XXX-XXXX  
 Contact Name

Prepared By:  
 Consultant/Contractor  
 Mailing Address  
 City/Town, State Zip Code  
 Phone Number (XXX) XXX-XXXX  
 Contact Name

Date of Report (month day, year)



**Recommended Risk Category (Check One)**

<input type="checkbox"/> 1. Immediate Human Health Risk (Impacted water supply well, etc.)  <input type="checkbox"/> 2. Potential Human Health Risk (Water supply well within 1000' or Site within SWPA)  <input type="checkbox"/> 3. Free Product or Source Hazard	<input type="checkbox"/> 4. Surface Water Impact  <input type="checkbox"/> 5. No Alternate Water Available/No Existing Wells in Area  <input type="checkbox"/> 6. Alternate Water Available/High Level Groundwater Contamination (> 1,000 x AGQS)	<input type="checkbox"/> 7. Alternate Water Available/Low Level Groundwater Contamin- ation (< 1,000 x AGQS)  <input type="checkbox"/> 8. No AGQS Violation/No Source Remaining  <input type="checkbox"/> Closure Recommended
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## **Instructions:**

All submittals to the New Hampshire Department of Environmental Services Waste Management Division - Oil Remediation and Compliance Bureau & Hazardous Waste Remediation Bureau shall include the above report cover sheet. Please ensure that this report cover sheet is properly filled out, and it must be visible from an unopened report. The use of this cover sheet will insure correct mail delivery, processing of the submittal and will help ensure a timely review. Failure to include this cover sheet for petroleum FUND reimbursable projects will result in return of the submittal. The information on this cover sheet is used in our data base management so it is critical that the information is correct and current.

## **Do's:**

- 1) Do check only one box that is most appropriate to the type of submittal.
- 2) Do create a report title that is most relevant to the type of submittal box checked.
- 3) Do make sure that all responsible party information is current and correct.
- 4) For existing sites include the DES Site #, Project Type and the Project #. This information can be obtained from DES' One Stop Data Retrieval System at the following Link:  
[http://www.des.state.nh.us/OneStop/ORCB\\_Project\\_Results.aspx?MASTERID=4702](http://www.des.state.nh.us/OneStop/ORCB_Project_Results.aspx?MASTERID=4702)
- 5) Do list only the name of the consultant/contractor representative who is responsible for the report, has the most knowledge of the work and will serve as the DES contact.
- 6) Do show the complete date as month, day and year (e.g., July 26, 2005).
- 7) Do check only one box that is most appropriate of the Risk Category for the site based on existing data and not assumptions.
- 8) Do submit two copies: One original and one duplicate project manager copy. The project manager copy shall be clearly stamped "**Project Manager Copy**."

## **Don't:**

- 1) Don't include more than one submittal per report cover sheet. Use separate report cover sheets for separate submittals, for instance: do not include a reimbursement request with a Site Investigation Report and then check both boxes.
- 2) Don't make up report titles that are not supported by DES rules, Project-Based Category descriptions, and that do not meet the type of submittal box that is checked.
- 3) Don't use report covers, transmittal letters or any other paper that blocks the cover sheet. The cover sheet must be visible from an unopened report. If a transmittal letter is necessary please put it behind the cover sheet or in the body of the text.

## **Electronic Submittals:**

DES' Web based One Stop Retrieval System and file management initiative, requires that DES' maintain files electronically; therefore, DES strongly encourages the electronic submittal of reports and data via email or on a CD. In addition to the electronic submittal, please submit a complete paper copy of the report stamped **Project Manager Copy**. Please refer to the instructions contained on the DES web site at [http://des.nh.gov/orcb/doclist/Electronic\\_Submittal\\_Guidelines\\_10\\_5\\_2004.pdf](http://des.nh.gov/orcb/doclist/Electronic_Submittal_Guidelines_10_5_2004.pdf) for report formatting and electronic signature protection requirements. For additional guidance on electronic submittal requirements please contact Brett Rand at 271-7379.